

DPD Administration WITHDRAWAL FORM

Date: _____ Division: _____ Cause Number: _____ Charge: _____

Client Name: _____ DOB: _____ Phone: _____

Address: _____

Case Type: Felony Juvenile Dependency Civil Contempt KC Misdemeanor Becca
 Other _____

Date Discovery Received: _____ Date Conflict Identified: _____

REASON FOR WITHDRAWAL:

Defendant Retained Private Counsel: **(Name of Attorney)** _____

Conflict of Interest with: _____ DOB: _____ Cause #: _____

BRIEF DESCRIPTION OF CONFLICT: _____

OTHER NAMES IN DISCOVERY:

| NAMES | DOB | STATUS IN CASE | REPRESENTATION HISTORY |
|-------|-----|----------------|------------------------|
| | | | |
| | | | |

SEE ATTACHMENT FOR ADDITIONAL NAMES

• Client is In-Custody Out-of-Custody • Received Conflict From: _____

HEARING SCHEDULE:

Trial Date _____ Next Hearing _____ Time _____ Courtroom # _____ Type of Hearing _____

Withdrawal Hearing Date: _____ *(DPD Admin needs at least two full working days from date of receiving this Withdrawal Form if trial date has been set.)*

LOCATION OF DISCOVERY: PA's Office Agency will forward to new counsel Other _____

CREDIT/DEBIT:

Debit in normal fashion Withdrawal within 14 days of assignment Substantial advice
 One credit (explanation must be attached) Other (explanation must be attached)

| This Withdrawal Form | Print Name | Signature |
|----------------------|------------|-----------|
| Filled Out By: | | |
| Approved By: | | |

OPD USE ONLY

OPD REASSIGNED TO: _____ INITIALS: _____ DATE: _____